

**Iowa CACFP
Workshop Registration
Form**



Instructions:

Return your completed registration to the address below as soon as possible or at least twenty (20) days prior to the workshop. A confirmation letter including the ICN site address and directions will be mailed to you 7 to 10 days prior to the workshop. An ICN site will be cancelled if no one has registered 8 days prior to the workshop. Make additional copies of this page if needed. **Please print or type** the name of the workshop, location, date, and person(s) attending for each workshop.

CACFP Agreement Number _____ New to CACFP: Yes or Returning _____ Phone Number _____

Director's Name _____

Organization Name _____

Mailing Address _____ City/State/Zip Code _____

Type of Organization: ☐ Independent Center ☐ Sponsor of Centers ☐ For Profit ☐ Non-Profit

Type of Center Participants (Check all that apply.) ☐ Infant ☐ Child Care ☐ At Risk ☐ Homeless ☐ Adult Care ☐ OSHCC

E-mail Address: _____

Job Title (Use an X in the appropriate column)

<u>Workshop Name or Session</u>	<u>Location</u>	<u>Date</u>	<u>Person(s) Attending</u>	Director	Board Member	Food Service	Teacher	Other

Please list specific questions you have related to the topic of the workshop you are attending:

Return the completed registration form and questions to:

Janelle Loney
Bureau of Nutrition Programs and School Transportation
Iowa Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146

e-mail: Janelle.Loney@iowa.gov
Phone: 515-281-5356
FAX: 515-281-6548

This registration form is also on our WEB site: <http://www.state.ia.us/educate/ecese/fn/>

Fold line to mail registration. Tape or staple to close flyer.

Stamp

Janelle Loney
Bureau of Nutrition Programs and School Transportation
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